

RECEIVED
CENTRAL FAX CENTER
SEP 07 2006LAW OFFICES
KILYK & BOWERSOX, P.L.L.C.
*Intellectual Property Law**From the Desk of*
LEONARD D. BOWERSOX3603-E Chain Bridge Road
FAIRFAX, VA 22030WARRENTON OFFICE
400 Holiday Court, Suite 102
Warrenton, Virginia 20186Email: lbowersox@kbpatentlaw.com
Website: <http://www.kbpatentlaw.com>TEL.: (703) 385-9688
FAC.: (703) 385-9719
(703) 385-9747

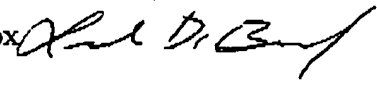
PLEASE DIRECT CORRESPONDENCE TO OUR FAIRFAX OFFICE

FACSIMILE TRANSMISSION COVERSHEET

DATE: September 7, 2006

TO: Examiner Karlheinz R. Skowronek
Group Art Unit 1631
Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/085,142
Filed: March 1, 2002
Confirmation No.: 2692
Attorney Docket No.: 5010-352 (formerly CL001326)

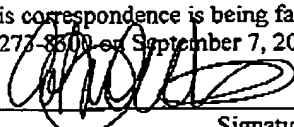
FROM: Leonard D. Bowersox 

FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 11

Items Attached: Transmittal Form 1 Page
Fee Transmittal 1 Page
Credit Card Payment Form 1 Page
Petition for 2-Month Extension of Time 1 Page
Amendment 6 Pages

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on September 7, 2006.

Coty D. Wilks
Name (Print)
Signature

THE INFORMATION CONTAINED IN THIS MESSAGE IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED. This message may also be an attorney/client communication which is privileged and confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by calling us collect and return the original message to us at the above address by mail. Thank you.

SEP 07 2006

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

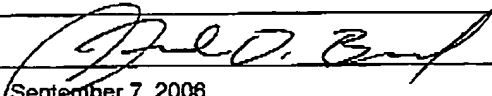
Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/085,142	
	Filing Date	March 1, 2002	
	First Named Inventor	Stephen Gilanowski	
	Group Art Unit	1631	
	Examiner Name	Karlheinz R. Skowronek	
Total Number of Pages in This Submission	10	Attorney Docket Number	5010-352 (Formerly CL001326)

ENCLOSURES (check all that apply)

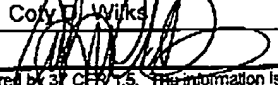
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form for \$450.00
Customer No. 35411		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Leonard D. Bowersox, Esq.
Signature	
Date	September 7, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on September 7, 2006.

Type or printed name	Cory D. Wilks
Signature	
Date	September 7, 2006

This collection of information is required by 37 CFR 1.5. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006**Complete if Known**

Application Number	10/085,142
Filing Date	March 1, 2002
First Named Inventor	Stephen Gilanowski
Examiner Name	Karlheinz R. Skowronek
Art Unit	1631
Attorney Docket No.	5010-352 (Formerly CL001326)

RECEIVED
CENTRAL FAX CENTER
SEP 07 2006☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0925 Deposit Account Name: Kilyk & Bowersox, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Design	300	150	500	250	200	100	
Plant	200	100	100	50	130	65	
Reissue	200	100	300	150	160	80	
Provisional	300	150	500	250	600	300	
	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Small Entity	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Fee (\$)	Fee (\$)
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	50	25
Multiple dependent claims	200	100
	360	180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Other: Petition for 2-Month Extension of Time

450.00

SUBMITTED BY

Signature		Registration No. 33,226 (Attorney/Agent)	Telephone 703-385-9688
Name (Print/Type)	Leonard D. Bowersox		Date September 7, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571)273-8300 on September 7, 2006

Coty D. Wilks

Signature